

## Granting Plan Annual Certification

### Department Information

Business Unit # \_\_\_\_\_

Business Unit Name \_\_\_\_\_

In accordance with Agency of Administration Bulletin 5 and the Granting Plan Guidelines Supplement, I hereby certify: (check one)

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The approved Granting Plan on file for the above business unit will remain in effect for Fiscal Year \_\_\_\_\_. If at any time during the fiscal year the plan needs to be updated, a revision will be submitted for approval to the Department of Finance and Management as required by Bulletin 5.

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The above Business Unit will not issue grants of any type during State Fiscal Year \_\_\_\_\_ and is exempt from submitting a Granting Plan. If during the fiscal year this business unit intends to issue grants, a Granting Plan will be submitted for approval to the Department of Finance and Management prior to the issuance of any grant agreement.

\_\_\_\_\_  
*Business Manager Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Business Manager Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Appointing Authority Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appointing Authority Name*

\_\_\_\_\_  
*Title*

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#### Instructions:

- Enter the Business Unit number and name
- Check the applicable box
- Enter the upcoming Fiscal Year for which you are certifying
- Appointing Authority and Business Manager signatures are required
- Submit a scanned copy of the completed form to [VISION.CAFR@vermont.gov](mailto:VISION.CAFR@vermont.gov) by **May 15**